FORM **CD-516**
(ÜÖX/GGEFÍ) LF
DAO 202-430

U.S. DEPARTMENT OF COMMERCE

CLASSIFICATION AND
PERFORMANCE MANAGEMENT RECORD

☐ NEW

☐ I/A: _____

MR#: _____

IP#: _____

• **Performance Plan**   • **Performance Appraisal**   • **Performance Recognition**   • **Progress Review**   • **Position Description**

Employee's Name: _____   Social Security No.: _____

Position Title: _____

Pay Plan, Series, Grade/Step: _____

Organization: 1. _____   4. _____

2. _____   5. _____

3. _____   6. _____

Rating Period: _____

Covered By: ☐ Senior Executive Service   ☐ Other _____

☐ General Workforce   _____

PART A—POSITION DESCRIPTION

POSITION CERTIFICATION—I certify that this is an accurate statement of the major duties and responsibilities of the position and its organization relationships and that the position is necessary to carry out Government functions for which I am responsible. This certification is made with the knowledge that this information is to be used for statutory purposes relating to appointment and payment of public funds and that false or misleading statements may constitute violation of such statute or their implementing regulations.

SUPERVISOR'S SIGNATURE	DATE	SECOND LEVEL SUPERVISOR	DATE

CLASSIFICATION CERTIFICATION	OFFICIAL TITLE:				
	PP:	SERIES:	FUNC:	GRADE:	I/A: ☐ YES ☐ NO

I certify that this position has been classified as required by Title 5, US Code, in conformance with standards published by the OPM or, if no published standard applies directly, consistently with the most applicable published standards.

NAME AND TITLE OF CLASSIFIER	SIGNATURE	DATE

PART B—PERFORMANCE PLAN

This plan is an accurate statement of the work that will be the basis of the employee's performance appraisal.

NAME AND TITLE OF FIRST LINE SUPERVISOR/RATING OFFICIAL	SIGNATURE	DATE

APPROVAL—I agree with the certification of the position description and approve the performance plan.

NAME AND TITLE OF APPROVING OFFICIAL OR SES APPOINTING AUTHORITY	SIGNATURE	DATE

EMPLOYEE ACKNOWLEDGEMENT—My signature acknowledges discussion of the position description and receipt of the plan, and does not necessarily signify agreement.	SIGNATURE	DATE

MASTER RECORD/INDIVIDUAL POSITION DATA

A. KEY DATA

1. FUNCTION (1)	2. DEPT. CD/AGCY-BUR CD (4)	3. SON (4)	4. MR NO (6)	5. GRADE (2)	6. IP NO (8)
A/C/D/I/R					

B. MASTER RECORD

1. PAY PLAN (2)	2. OCC SER (4)	3. OCC FUNC CD (2)	4. OFF TLE-PF/CD/SF (6)			5. OFF TITLE (38) (32 W/ PF OR SF) (26 W/ PF AND SF)
			PFIX	TITLE CD	SFIX	

6. HQ/FLD CD (1)	7. SUPV CD (1)	8. CLASS STD CD (1)	9. INTERDIS CD (1)	10. DATE CLASS (6)		
1=HQ 2=FLD	1=SUPV SGEG 5=MGT CSRA 2=SUPV GSSG 6=LDR LGEG 3=MGR SGEG 8=ALL OTHERS 4=SUPV CSRA	X=NEW STD BLANK=N/A	N=NO Y=INTERDIS	MO	DAY	YEAR

11. EARLY RET CD (1)	12. INACT/ACT (1)	13. DT ABOL (6)			14. DT INACT/REACT (6)			15. AGCY USE (10)
1=PRIMARY 3=FOREIGN SVC 2=SECONDARY BLANK=N/A	A=ACTIVE I = INACTIVE	MO	DAY	YEAR	MO	DAY	YEAR	

16. INTERDIS SERIES (40)

(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)	(4)

17. INTERDIS-PF/CD/SF (50) (32 W/ PF OR SF) (26 W/ PF AND SF)

(6)	(6)	(6)	(6)	(6)	(6)	(6)	(6)

C. INDIVIDUAL POSITION

1. FLSA (1) PAY TBL (6)	2. FIN DS (1)	PROC INTG (1)	3. POS SCHED (1)	3A. CYBER SECURITY (2)	4. POS SENS (2)	4A. DRUG TS (1)
E=EXEMPT N=NONEXEMPT	0=NONE 3=SF-278 4=SF-450	Y=YES N=NO	A=SCH 0=EXCEPTED B=SCH BUT NOT C=SCH A,B,C		1=LOW RIS C=ADP 2=NONCRIT/SEN N=NON-ADP 3=CRIT/SENS 4=SPECIAL SENS 5=MOD RISK 6=HIGH RISK	

6. WK TITLE CD (4)	7. WK TITLE (38)	5. COMP LVL (4)

8. ORG STR CD (18)								9. VAC REV CD (1)	9A. TELEWORK
(1st) (2nd) (3rd) (4th) (5th) (6th) (7th) (8th)								0=POSN ACTION B=LOWER GRADE D=DIFFERENT TITLE NO VACANCY C=HIGHER GRADE AND/OR SERIES A=NO CHANGE E=NEW POSN/NEW FTE	YES - POSITION ELIGIBLE NO - POSITION NOT ELIGIBLE

10. TARGET GRADE (2)	11. LANG REQ (2)	12. PROJ DUTY IND (1)	13. DUTY STATION (9)	14. BUS CD (4)	15. DT LST AUDIT (6)	16. PAS IND/LEO (1)	17. DATE-EST (6)
		BLANK=N/A Y=YES	ST (2) CITY (4) CNTY (3)		MO DAY YEAR	BLANK=N/A 1=PAS A=LEO	MO DAY YEAR

18. GRADE BASIS IND (1)	19. DT REQUEST RECD (6)	20. NTE DATE (6)	21. POS ST BUD (1)
1=REV WHEN VACANT 4=SUP/PROGRAM 7=EQUIP DEV GUIDE 2=IMPACT OF PERSON 5=RGEG 3=SUP/GSSG 6=POLICY ANAL GEG	MO DAY YEAR	MO DAY YEAR	Y=PERM N=OTHER

22. MAINT REV/CLASS ACT CD (2) (1ST DIGIT=ACTIVITY AND 2ND DIGIT=RESULTS)

ACTIVITY	RESULTS		
1=AUDIT (COUNTED TOWARDS MAINTENANCE REVIEW) 2=OTHER ACTIVITY	1=NO ACTION REQUIRED 2=MINOR PD CHANGE 3=NEW PD REQUIRED	4=TITLE CHANGE 5=SERIES CHANGE 6=POSN UPGRADE	7=POSN DOWNGRADE 8=NEW POSN 9=OTHER

23. DATE EMP ASGN (6)	24. DATE ABOL (6)	25. INACT/ACT (1)	26. DATE INACT/REACT (6)	27. ACCTG STAT (4)	28. INTASGN SER (4)	29. AGENCY USE (8)
MO DAY YEAR	MO DAY YEAR	A=ACTIVE I = INACTIVE	MO DAY YEAR			

30. PERSONNEL MANAGEMENT SPECIALIST'S SIGNATURE	31. DATE

32. REMARKS